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Professor Joshua Lederberg
Genetics Building
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Dear Josh:

I read your last letter with much interest, and have been giving considerable thought to some formulation of my own ideas about the matters which you brought up. But it nearly always turns out that I need more information before I can come up with any specific ideas, suggestions or recommendations. Also, it seems that there are so many areas to be covered that some means of communication other than letter writing should be sought. This is the way Shorty put it: "why don't we just drop over to Madison some week-end?"

In order to be very specific, I need to know more about the physical facilities, the organizational set up, how much of an organization is already in existence and how much is projected, what people are now there, and, chiefly, the orientation and tone of the whole medical department. The fact that you and Kornberg have been enticed to go there gives me some notion of what is developing. I gather from your letter that the psychiatry department will be more or less built from the ground up, and presumably it is intended that it shall have a considerable research orientation. You didn't say anything about child psychiatry, but I would assume that a section for children is planned. If so, I can specifically recommend Jim Flannagan. He is currently in Galveston, Texas, but wants to leave. He may already be committed to a job in New York, but if not, I am sure he would be interested. He is not at all a research man, but knows how to run a child psychiatry unit and this is the primary consideration if the children's service is to be any good.

For head of the department I can't think of any specific individuals without knowing more of what is wanted. However, I think that John Nurnberger should be consulted. I doubt very much if he personally would be interested, as he is apparently satisfied with his set-up at Indiana (I assume you know him, as I saw him at your symposium in Madison this spring). He would perhaps be able to recommend somebody, and he would certainly be of much value in helping to set up an organization. His department at Indiana is in many ways an excellent one and could well serve as a model for a new department, particularly in the area of research. Nurnberger is one of those rare psychiatrists who can communicate with the people in biology and chemistry as well as with the clinicians. Also, he knows much better than I do some of the other psychiatrists who have this same faculty. Incidentally, I will probably be seeing him at a meeting in Bethesda in a couple of weeks, and will be happy to take this up with him.

Some of my own general notions about a medical school department of psychiatry I should perhaps note at this time.

1. There must be a real feeling of service responsibility as well as teaching and research. In fact, if I were asked to rank these three functions in order of importance (which is absurd), I would rank patient care at the top. This should be true in all departments of medicine, but especially so in psychiatry, and in fact the department of psychiatry should take the lead in orienting the entire medical center in the direction of patient care and consideration.
2. The last statement above leads naturally to this second point, namely, good communication with the other departments. Most of my training and experience in psychiatry has been at Michigan University, where psychiatry functions as an isolated and aloof group; there is not only a lack of communication but an active resentment and hostility toward the other major specialties. This results in a poor level of patient care, a very constricted type of training for the trainees in both psychiatry and the other departments, and a general impoverishment of ideas for research and progress within the department of psychiatry. I even witnessed here the spectacle of a new mental health research institute being established as a branch of the department of psychiatry, and then after about two years having itself removed entirely, to become a separate administrative and operative organization; thus, where the two groups should have been in close communication and of real benefit to each other, they in fact set up impassable barriers of mutual jealousy and resentment and ended up with each reducing it's own effectiveness. Actually, this development was chiefly produced by the personalities of the heads of the two groups, both of which have to be empire builders.
3. This brings me to a consideration of what the head of a department should be. I feel very strongly that the department head, to a very large extent, determines the whole tone and way of functioning of his department. If he is himself a mature, capable and realistically assured individual, not threatened by the abilities and achievements of his subordinates, and able to respect the abilities and opinions of people in other disciplines, he will then be able to impart good values to his department. Things will be judged on merit, and communication will be relaxed and effective.
4. I feel very strongly that the M.D.'s who have major responsibilities in the department should not be allowed to engage in part time private practise. It follows that they should be adequately paid. At the same time, it is valuable to have men who are engaged in active practise to have part time teaching appointments.
5. There must be genuine communication between the research staff and the clinical staff. This requires that some of the major workers in research also have real clinical responsibilities, and these are the ones who can maintain contact between the clinicians and the workers in the so-called "basic sciences". I would like to see the department of psychiatry with members of its own staff who are experimental psychologists, neurophysiologists, and neuropharmacologists, biochemists and maybe even a geneticist. Also, I think we are going to have to get in much closer touch with the newer types of statisticians, people who can help us handle large masses of data. As in any of the fields, and as you know much better than I, some of the major advances are going to come by getting together large amounts of data. Psychiatry has only the vaguest notion of this development. We need help badly here, and we need also to develop our techniques of measurement.

6. The resident training program: I have many ideas on this subject, too many to go into now. A primary one is that I don't think residents should be expected or allowed to take on patients in psychotherapy for at least the first six months of their training period. There should be a great deal of didactic teaching throughout the residency, with an emphasis on psychiatry during the first year, followed later by the other related fields especially experimental psychology, neurophysiology, sociology and cultural anthropology.

But that's enough for now. I hope we can all get together some time this fall. If you have any plans to come east, please stop in Ann Arbor. We have a nice cottage on a lake north of town, and you're welcome to stay as long as you wish.

Best regards to Esther.

Sincerely

A handwritten signature in cursive script, appearing to read "H. Shaw".

Charles R. Shaw, M.D.

CRS:pf